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ANNUAL REPORT OF THE
GENERAL BOARD OF CONTROL
FOR SCOTLAND
for the year
1960

*Presented to Parliament by the Secretary of State for Scotland
by Command of Her Majesty
October, 1961*

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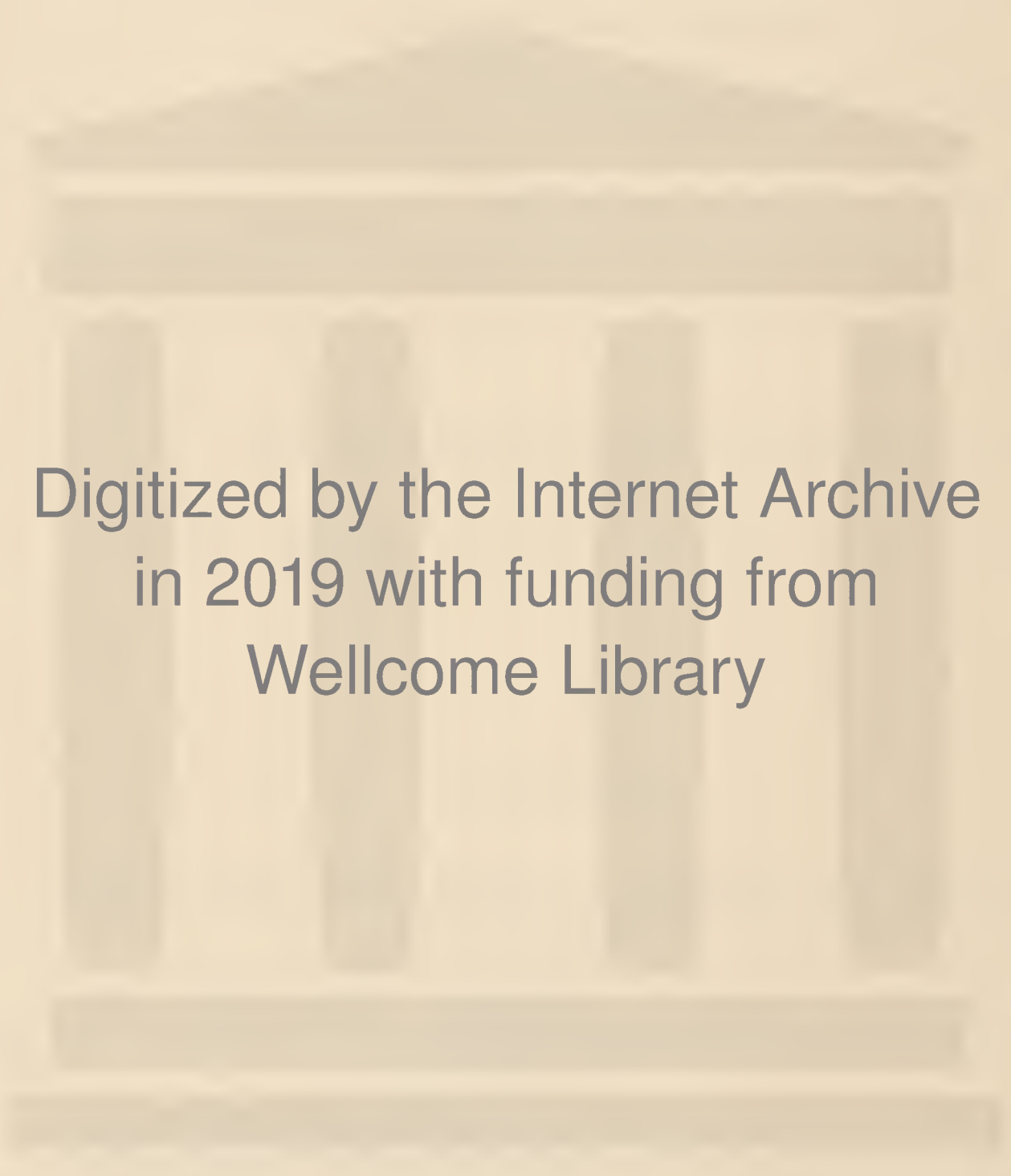
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Report of the General Board of Control for Scotland for the year 1960

TO THE RIGHT HONOURABLE

JOHN S. MACLAY, C.M.G., M.P.,

Secretary of State for Scotland

SIR,

We, the General Board of Control for Scotland, have the honour to present our report for the year 1960.

On the establishment of the Mental Welfare Commission for Scotland by the Mental Health (Scotland) Act, 1960, the General Board of Control for Scotland will cease to exist.

The history of the Board reaches back to the Lunacy (Scotland) Act of 1857 which constituted a body designated the General Board of Commissioners in Lunacy. By the Mental Deficiency and Lunacy (Scotland) Act, 1913, the General Board of Commissioners became the General Board of Control for Scotland as from the 15th May, 1914. The Reorganisation of Offices (Scotland) Act, 1939, made changes in the composition of the Board. Under the National Health Service (Scotland) Act, 1947, the officers of the Board other than the Deputy Commissioners and the Secretary were transferred to and became officers of the Secretary of State; it was also enacted that the services of officers other than the Deputy Commissioners and the Secretary required for the exercise of the Board's functions should be provided by the Secretary of State.

The Board welcome the setting up of the Mental Welfare Commission. They are particularly glad that one of the duties of the Commission will be to continue the regular visitation of hospitals in which mentally disordered patients are compulsorily detained and that they will be required to report on any question of deficiency in the care and treatment of all patients in these hospitals whether compulsorily detained or not.

The Board believe that the reports of their Medical Commissioners of their visits to hospitals, reinforced on occasion by action by the Board themselves, have played an important part in the upgrading of hospital accommodation and other matters affecting the welfare of the patients. These visits have also been of great value in the dissemination of new ideas in the treatment and therapeutic care of the patients. The Board also believe that the visits of the Medical Commissioners and other members of the Board have been welcomed by both the medical and the nursing staffs. In particular, enquiries by a completely

independent body into alleged ill-treatment of patients satisfy both the complainer and the staff whatever the result: it must be stated however that in the experience of the Board it is extremely rare to find any substance in such complaints.

The Board would like to take this opportunity of paying a tribute to the medical and nursing staffs of the mental and mental deficiency hospitals in Scotland. New and onerous duties outwith the hospitals have been placed on physician superintendents and their medical staff but in spite of staff shortages they have preserved their intimate knowledge of the patients in hospital. While in some hospitals there is a considerable deficiency of fully trained nursing staff, the sympathetic care and treatment of the patients by the nurses, often under difficult conditions, has been well maintained and is deeply appreciated by the Board.

While the Board approve of the provisions contained in the Act of 1960 for the admission of mentally disordered patients to hospital upon the same conditions as those suffering from physical illness, they feel that great care will have to be taken to ensure that patients who propose to take their discharge will not be a danger to themselves or others. It would be unfortunate if too great a swing of the pendulum arising from the simplicity of discharge resulted in the adoption again of more restrictive methods of dealing with those who suffer from mental disorder. Moreover, while it is very desirable that a long stay in hospital away from the community should be avoided, they believe that the disruptive influence which a patient might have on the family life and especially on that of children should be carefully kept in mind.

While striking and sometimes dramatic improvements have been made by the use of certain drugs in the treatment of mental illness, it may be necessary to ensure that patients who are discharged continue to take regularly the drugs necessary for maintaining their mental stability. This will require very close co-operation between hospital authorities, out-patient clinics, family doctors and local authorities.

ANNUAL STATISTICS

Mental Patients

At the end of 1960 the total number of persons who were under care for mental illness under the provisions of the Lunacy (Scotland) Acts was 20,303 or 379 fewer than at the end of 1959.

These persons were placed as undernoted:

Ordinary mental hospitals—				Male	Female	Total
National Health Service hospitals				9,519	10,357	19,876
Private mental hospital				—	42	42
Totals				9,519	10,399	19,918
State Mental Hospital				122	7	129
Private dwellings				137	119	256
Totals				9,778	10,525	20,303

Note: The above figures include patients absent on probation or conditional liberation.

In ordinary mental hospitals the number of certified patients fell by 933 to 12,958 while the number of voluntary patients increased by 575 to 6,960, the

total of 19,918* representing a net decrease of 358 as compared with the corresponding figure at the end of 1959. This was the fourth successive year in which there has been a reduction in the mental hospital population, and since 31st December, 1956, when the peak figure of 20,925 was reached, there has been a total reduction of 1,007. (The figures do not include the increasing number of persons treated for mental illness in psychiatric units of general hospitals.)

On the other hand, the number of admissions to ordinary mental hospitals continues to increase, the figure for 1960 being 12,760 (excluding transfers)† as compared with 12,410 in 1959 and 5,764 in 1948. This rise has been due to the increasing number of persons admitted as voluntary patients, usually for comparatively short periods; the number of such admissions during 1960 was 10,462 as compared with 9,977 in 1959 and 3,156 in 1948, representing respectively 82, 80 and 55 per cent. of the total admissions.

The large increase in the number of voluntary admissions during the past years has been accompanied by only a comparatively small reduction in the number of admissions of certified patients. During 1960 the number of such admissions was 2,298 as compared with 2,433 in 1959 and 2,608 in 1948.

The number of voluntary patients who left hospital during 1960 was 9,008 or 289 more than in the preceding year. Discharges of certified patients (including discharges “by escape”) numbered 1,966 (38 more than in 1959) of whom about two-thirds were classified as “recovered.”

Mental Defectives

At the end of 1960, the total number of certified mental defectives was 8,492 or 71 more than at the end of the preceding year‡

These patients were placed as undernoted:

Ordinary mental deficiency institutions—					Male	Female	Total
National Health Service institutions					2,828	2,366	5,194
Certified Institutions					278	383	661
Totals					3,106	2,749	5,855
State Institution					192	3	195
Under guardianship					1,275	1,167	2,442
Totals					4,573	3,919	8,492

Note: The above figures include patients absent from institutions on licence.

In addition to the above, there were 520 patients in mental deficiency institutions on an informal basis, and the total number of patients accommodated in institutions was, therefore, 6,570. The number of certified patients in institutions increased by 95 during the year, but the number under guardianship decreased by 24.

The total number of patients admitted to institutions during the year was 593, of whom 291 were admitted as certified defectives and 302 on an informal basis. The number of mental defectives placed under guardianship was 117 (6 more than in the preceding year).

*Table I of the Appendix shows the number and classification of patients on the register of each mental hospital.

†Table II of the Appendix gives the number of admissions to each mental hospital including transfers from other mental hospitals.

‡Table IV of the Appendix shows the number of certified defectives on the register of each institution and the number admitted during the year.

READMISSION OF MENTAL PATIENTS

From the index cards furnished by mental hospitals for each patient, a study was made of the admissions during 1960 for the purpose of ascertaining the incidence of readmissions. This has shown that of the total number of admissions to mental hospitals during the year, 5,112 (40 per cent.*) were of patients with a previous admission. Of that number 1,365 (11 per cent. of the total admissions) were readmitted within three months of last discharge, 872 (7 per cent.) were readmitted more than three but less than six months after last discharge, 632 (5 per cent.) were readmitted more than six but less than nine months after last discharge, and 517 (4 per cent.) were readmitted more than nine but less than 12 months after last discharge. 1,726 (13 per cent. of the total admissions) were readmitted more than one year after last discharge.

The following table shows the position separately for certified and voluntary patients:

Readmissions	Certified				Voluntary			
	M.	F.	T.	Percentage of admissions of certified patients	M.	F.	T.	Percentage of admissions of voluntary patients
Within 3 months of last discharge -	54	78	132	5%	626	607	1,233	12%
3-6 months of last discharge - -	50	69	119	5%	361	392	753	7%
6-9 months of last discharge - -	35	49	84	4%	242	306	548	5%
9-12 months of last discharge - -	36	35	71	3%	202	244	446	4%
More than one year since last discharge	125	153	278	11%	649	799	1,448	14%
Totals - -	300	384	684	28%	2,080	2,348	4,428	42%

INCIDENCE OF MENTAL ILLNESS

From the statistics of admissions to mental hospitals it might be concluded that the mental health of the community was not only declining but declining at quite an alarming rate. The admission rate to mental hospitals in Scotland has been steadily increasing for over a century; and in the last decade the rate of increase has doubled. In 1850 the admission rate to mental hospitals (or "asylums" as they were then called) was 0.49 per thousand of the population; by 1900 this figure had risen to 0.82 and by 1950 to 1.3†. Within the last ten years the rate of increase has become more rapid and in 1960 the admission rate per thousand of the population was 2.6. In addition, the number of admissions to psychiatric units of general hospitals and the number of attendances at psychiatric out-patient clinics have shown a corresponding increase.

These statistics, if accepted uncritically, would suggest that mental ill-health was increasing in Scotland; and this conclusion is in fact often made, with the added corollary that the decline in mental health and the increase of mental ill-health is a consequence of the "increasing stress and strain of modern life."

*The corresponding percentage for 1959 was 36.

†This and other factual information herein was derived from a paper by Dr. Donald Cameron "Admissions to Scottish Mental Hospitals in the Last Hundred Years" published in 1954.

Conclusions of a similarly pessimistic kind have frequently been drawn—on the basis of similar “evidence”—in the past. In 1893 (when the admission rate to mental hospitals was double what it had been 40 years previously) the Secretary of State asked the General Board of Commissioners in Lunacy to furnish a special report respecting “the alleged increasing prevalence of insanity in Scotland.” In their special report a year later the Board said that in their view there was “no increased tendency to lunacy” in Scotland, that the “special conditions of modern life played no part in the increase of admissions” and that the increased admission rate “was due to changes in the hospitals and in the hospital service.”

While it is not possible in the present state of our knowledge to prove by statistical or by any other means that the stresses of modern life have not led to an increase of mental ill-health, it is probable that the conclusions reached by the Board of Lunacy in 1894 are equally applicable today. Further improvements in the mental hospitals and in the mental health service during recent years, combined with earlier diagnosis and more effective methods of treatment, have led to a greater readiness on the part of patients to enter mental hospitals. It is important that the significance of these developments should be understood and kept in mind because in the past changes in the law relating to mental hospital admissions have invariably been followed by an increase in the number of patients seeking admission to hospital; and, at least at first, the same results may be expected to follow the bringing into operation of the Act of 1960.

In considering the increasing admission rate to mental hospitals and the relationship of this increase to the incidence of mental ill-health, two other factors require attention—the influence of readmissions upon the total admission rate to mental hospitals and the effects of an ageing population.

As indicated on the previous page, 40 per cent. of the total number of admissions during 1960 were of patients with a previous admission, 27 per cent. being readmitted within a year of their last discharge. Of the readmissions, approximately 21 per cent. were of patients aged 65 years or over.

There is a higher admission rate to mental hospitals in the older, as compared with the younger, age groups; and as in Scotland there is an ageing population, an increase in the total admission rate can be expected from this, quite apart from any other cause.

If all these factors are taken into consideration and if also it is remembered that mental health cannot in any case be equated with the absence of mental ill-health, it may be concluded that there is no convincing proof that the mental health of the nation is declining.

VISITATION OF HOSPITALS

As in previous years the Board's Medical Commissioners made the two statutory visits to the hospitals where patients are detained on account of their mental illness or mental deficiency. At these visits any patients who ask, or have previously asked, for an interview are specially seen and afforded an opportunity of making any complaint or of discussing their particular problems, in private if they should so wish. It is of interest to note that the number of patients who complain to the Commissioners either about their detention or about any adverse factors in their care and treatment has shown a progressive reduction in recent years. In addition to the statutory visits, special visits were made by the

Chairman and Commissioners to certain hospitals where circumstances made official enquiry necessary or desirable.

The Commissioners' reports concerning their statutory visits to hospitals were subsequently discussed at the monthly meetings of the Board and in all cases copies of these reports continued to be circulated to the physician superintendents of the individual hospitals, to their Boards of Management, to Regional Hospital Boards and to the Department of Health for Scotland.

Throughout the year progressive modernisation, redecoration and re-furnishing of the hospitals continued and the majority of Scottish mental hospitals and hospitals for mentally defective patients can now provide good standards of accommodation in pleasant surroundings usually at no great distance from the patient's home. Better provision has also been made for the comfort of visitors, and great improvements have been effected in the entrance halls and reception rooms. A number of the old buildings with rather austere outward appearance, but in which rooms and wards with alcoves, bow windows and fire-places have been artistically redecorated and provided with attractive and comfortable furniture, have a character, comfort and homeliness which some of the new, more strictly functional buildings do not possess; and it is important that the nature of the accommodation provided for persons who suffer from mental disorder should be planned with regard to the fact that some of the patients may have to reside in hospital for considerable periods and that their well-being, comfort and possibly even their recovery may well be promoted by the character of their surroundings. The need for smaller residential units within the hospitals is being increasingly recognised and is in fact being realised in some of the more progressive hospitals by a process of conversion and structural alteration; this need for smaller units of accommodation, particularly in dormitories, is being incorporated in plans for new buildings.

Many hospitals or groups of hospitals now have catering supervisors and the standard of diet and of the preparation, distribution and serving of meals has been considerably improved. In many hospitals the patients' meals are now served in small ward dining-rooms, rather than in the large central dining halls where previously most of the patients congregated. These large dining halls can thus be used with advantage for organised games, occupational therapy or other communal activities.

The question of a reasonable balance between complete freedom for patients in hospital and the provision of a measure of security still remains a matter for individual hospitals to decide in the light of their particular responsibilities. Most hospital authorities have retained one or more closed wards in order to provide a reasonable degree of supervision for those patients whose disturbed behaviour might result in anti-social acts either within the hospital community or outwith the hospital.

The year has shown again the increasing need for suitable accommodation for both short and long term treatment for geriatric patients. It is being increasingly realised that much can be done both therapeutically and socially to arrest the development or progress of mental disabilities associated with advancing years. The timely admission of such patients, with the minimum of formality, to small geriatric wards in a progressive mental hospital may often effect a dramatic improvement and result in an early return of the patient to the community, provided always that conditions in the community can provide sufficient supporting therapy (using this term in its widest sense). The geriatric ward is often one of the happiest wards in a mental hospital; the great majority of old patients are up for all or part of the day and in many hospitals male and

female patients can share sitting-rooms, dining-rooms and social and recreational activities. In some mental hospitals, the total number of patients (including the old patients) permanently confined to bed is now less than 4 per cent.

Previous reports have noted the general trends in the application of the more modern methods of treatment. The standard physical treatments now in common use are electroplexy and the phenothiazine drugs which can be given either separately or together. These have largely replaced the more drastic forms of treatment by deep insulin therapy and leucotomy. In connection with these empirical treatments it is important to realise that they are seldom entirely curative in themselves and frequently need supplementary therapy in order to consolidate the improvement. The Board have been concerned during the year about the relatively high readmission rate of patients to mental hospitals and have noted that many patients have failed to continue with their drug treatment after discharge or while on probation.

In addition to the active treatment of recent admissions, the time of the medical staff in most hospitals has been increasingly directed to reviewing and treating the long-stay patients. Many of these patients can be improved to a point where they can again become participating members of the hospital community; some, indeed, can be discharged from hospital if suitable home conditions are available. An increasing number of long-stay patients are being gainfully employed in selected work under sheltered conditions within the hospital with a resulting improvement in their morale and well-being. Some hospitals have arranged for groups of such long-stay patients to enjoy a holiday in camps run by the hospital or in other mental hospitals either in Scotland or England. These holiday arrangements have proved most successful and the Board hope that schemes of this kind will be more widely adopted.

The expanding treatments programme, including as it does both out-patient clinics and domiciliary visits, as well as the energetic treatment of both short and long-stay patients, is making increasing demands on the hospital medical staff and it is important to realise that such staff remain well below the number required and that additional medical staff are needed in many hospitals.

During the year a new and well equipped physiotherapy department was opened at Lennox Castle Institution. The Board welcome this addition to the facilities for the treatment of physically handicapped mental defectives. Experience has shown that a special approach is needed in the treatment of such patients and the Board are glad to know that good use is being made of the valuable teaching available at this new unit.

CERTIFIED INSTITUTIONS AND PRIVATE MENTAL HOSPITAL

The Board have been responsible for the licensing and supervision of the five private certified institutions for mental defectives and the private mental hospital which are owned and managed by the Roman Catholic authorities. Although outwith the National Health Service the certified institutions are, under contractual arrangements, used for National Health Service patients and in fact provide about one-ninth of the total institutional accommodation for mental defectives.

The Board's relations with the management and staffs of the certified institutions and the private mental hospital have always been very happy, and they wish to take this opportunity of expressing their great appreciation of the invaluable work performed in treating and caring for the patients in these establishments, and especially of the dedicated services given by the staffs.

MENTAL PATIENTS: DISCHARGE AND PROBATION

Earlier in the report figures are given of the number of patients discharged from mental hospitals.

The Board's statutory powers to discharge mental patients have been limited to cases where following arrangements made by them for the patient to be examined by two independent doctors, the report of the examination indicates that he has recovered or may be discharged without risk of injury to himself or others. During 1960 only one case arose where the Board arranged for an independent medical examination, but the report confirmed that the patient was not sufficiently recovered to be discharged.

The Board have had the duty in all cases of sanctioning the absence on probation of certified mental patients. During the year the number allowed out on probation was 318 as compared with 295 in 1959. Taking into account those already on probation at the beginning of the year, the total number on probation in the course of 1960 was 503. Of these, 151 were discharged at the end of their period of probation, 141 were returned to mental hospitals, ten were transferred to guardianship in private dwellings and three died. The number still on probation at the end of 1960 was 198 as compared with 195 at the end of the preceding year.

MENTAL DEFECTIVES: DETENTION AND DISCHARGE

The Board have been responsible for the periodical review of all cases of certified mental defectives and for deciding whether they should continue to be subject to detention in institutions or under guardianship as the case might be. During 1960 the number of patients whose cases were so reviewed was 3,559 as compared with 3,356 in the preceding year.

The number of appeals to the sheriff against continued detention was 25 as compared with 22 in the preceding year. One of the appeals was sustained and the others were dismissed.

Apart from the sheriff in the case of appeal, the Board have been responsible for the discharge of mental defectives from detention. They feel that this has enabled a standard of judgment based on wide experience to be maintained in considering the individual cases. During the year they authorised the discharge of 84 patients, but some of the patients discharged from certification remained in institutions on an informal basis. In addition 37 patients were discharged after three months' absence by escape while a number of others were discharged automatically from the provisions of the Mental Deficiency (Scotland) Acts, e.g., on transfer to mental hospitals.

In the case of patients in mental deficiency institutions the discharge of a defective is usually preceded by a trial period on licence for which the Board's sanction is required. During the year the number of patients allowed out on licence was 146 as compared with 147 in 1959. Taking into account those already on licence at the beginning of the year, the number of patients on licence in the course of 1960 was 560; of these, 54 were discharged, 90 were returned to institutions, and six were transferred to guardianship. The number on licence at the end of 1960 was 410 as compared with 414 at the end of the preceding year.

ACCIDENTS TO PATIENTS

Reports are received by the Board from the mental hospitals and institutions about all major accidents sustained by patients. Cases of fatal accidents or accidents with a fatal termination, which are specially considered at meetings of the whole Board, numbered 73 in 1960 as compared with 87 in 1959.

BOARDED-OUT PATIENTS

The patients under care in the community were visited during the year by the Board's Deputy Medical Commissioners. These patients, who number altogether more than 3,300, comprise mental patients under guardianship, mental patients on probation from mental hospitals, mental defectives under guardianship and mental defectives on licence from institutions. The Board believe that the regular visitation of boarded-out patients by their Deputy Medical Commissioners is of great value in maintaining the general welfare of the patients and a high standard of guardianship.

The standard of care and supervision continued to be generally satisfactory both where the patients were with relatives and where they resided with other guardians, and patients have benefited from the general improvement in living standards. Many patients are employed in the community and in some cases are able to earn rates of pay almost comparable with the general levels of remuneration.

While there is urgent need for more occupation centres, those already provided play an increasingly useful role and are not only of therapeutic and training value but also serve as a form of guardianship where the relatives are working.

REPORTS TO THE COURT UNDER THE DIVORCE (SCOTLAND), ACT, 1938

Where an action of divorce is brought on the ground of the incurable insanity of the petitioner's spouse, it is the duty of the Board when requested to furnish the Court with a report as to the probability of recovery of the patient. At the hearing of the action an officer of the Board attends the Court for the purpose of speaking to the report. During the year 14 such reports were furnished to the Court, four fewer than in 1959.

STATE INSTITUTION FOR DEFECTIVES AND STATE MENTAL HOSPITAL, CARSTAIRS

With the continuing expansion of the State Institution and the State Mental Hospital, the duty of managing these establishments has become an increasingly important part of the Board's work.

During 1960 the number of patients resident in the State Institution for Defectives increased from 154 to 166 (including three female patients). Twenty-six new patients were admitted, of whom 13 were admitted on Orders of the Court under the provisions of Section 24 of the Criminal Justice (Scotland) Act, 1949, and 13 (including two female patients) were admitted by transfer from

ordinary mental deficiency institutions. In addition, seven patients who had been absent on licence were recalled. During the year eight patients were released on licence, ten were transferred to ordinary mental deficiency institutions, two were discharged and one died. The number absent on licence at the end of the year was 29, the same number as at the end of 1959.

The number of patients resident in the State Mental Hospital increased during the year from 104 (100 males and 4 females) to 107 (104 males and 3 females). Sixteen patients were admitted, of whom eight were ordered to be detained during Her Majesty's Pleasure, one was admitted on an Order of the Court under Section 23 of the Criminal Justice (Scotland) Act, 1949, two were admitted by transfer from ordinary mental hospitals, three were admitted by transfer from prison, and two by transfer from Broadmoor Institution. In addition, three patients were recalled from conditional liberation. During the year one patient died and 15 patients left the hospital, of whom one was unconditionally liberated, two were released on conditional liberation, nine were transferred to ordinary mental hospitals, one was transferred to Broadmoor Institution and two were returned to prison on recovery from their mental illness. At the end of the year 22 patients (18 male and 4 female) were absent on conditional liberation; this was five fewer than the number at the end of 1959.

The high admission rates to both establishments have continued to cause considerable concern. The State Institution was transferred as recently as October, 1957, to new buildings with accommodation for 170 male patients (as compared with room for 109 in the buildings formerly in use) but despite the many patients allowed out on licence or transferred to ordinary mental deficiency institutions the intake of new patients has been such that during 1960 it became exceedingly difficult to admit any further patients. Having regard to the many patients on licence and subject to recall at any time should this be necessitated by their behaviour it is essential to keep a few beds in reserve.

In those circumstances the Board were unfortunately obliged to refuse a number of requests by the Courts for the admission of defectives whom it had been proposed to commit to the State Institution. They also had to adopt the policy of taking patients from ordinary mental deficiency institutions only on an exchange basis.

At the State Mental Hospital, where the accommodation for male patients is 109 beds, the position has been almost as serious but it has always been possible to meet the demands of the Courts or prisons for the admission of patients. At this hospital there is a small villa which is used to accommodate both the female state mental patients and the female defectives of the State Institution. All the beds in this villa were occupied at the end of the year.

In order to deal with the shortage of accommodation, work was started in March, 1960, on an additional villa for 30 male patients at the State Institution and also on a similar villa at the State Mental Hospital. These buildings were due to be completed by the summer of 1961 but, owing to delays in the delivery of materials, building progress has been disappointingly slow. It is hoped, however, they will be ready for occupation early in 1962. The provision of additional accommodation for female patients is also in hand.

Work was started during the year on a recreation hall for the staff and this building is expected to be completed in the autumn of 1961. Plans for a hospital villa were finally adjusted during the year and work on this building is expected to commence in the summer of 1961. This villa is to be used for the administration of certain forms of treatment for mental disorder and for the accommodation of patients suffering from physical illness. It will contain

16 beds with treatment rooms and the usual offices. Arrangements were also made for the enlargement and improvement of the kitchen premises and it is hoped that work on this will start towards the end of 1961.

During the year an additional eight male nurses were engaged and at the end of the year there were 100 male nurses and two whole-time and ten part-time female nurses.

Eight new staff houses were completed and the total number of staff houses at the end of the year was 109. Work was started on a further programme of 28 houses and it is expected they will be ready for occupation before the end of 1961. When these houses are completed it will be possible to recruit additional nursing staff required to staff the villas at present being built, reduce the amount of overtime worked by the staff and also to introduce arrangements which will enable the patients to have a longer recreational period in the evenings.

Various recreational facilities are provided for the patients. In addition to television and wireless sets, the dayrooms are equipped with billiard tables and facilities for other indoor games. There is also an ample supply of books and periodicals which are kindly donated by the local public library, the W.V.S. and private individuals. For outdoor recreation there are at present football pitches but a bowling green at the State Mental Hospital and a hard-court for group recreational therapy at the State Institution will shortly become available. Group recreational therapy has been found to play a useful part in the treatment of patients suffering from behaviour disorders. A Sports Day for the patients organised by the staff was held during the summer and was very successful.

A number of patients assist in tending the grounds and gardens and in other tasks, but the majority work in the occupational therapy departments. There has been a considerable extension of the activities of the occupational therapy department at the State Institution in recent years and during 1960 an average of 115 patients were regularly employed there. At the State Mental Hospital only 20 patients were similarly employed as the occupational therapy building there is too small for requirements. Arrangements have, however, been completed for the construction of an additional building at the State Mental Hospital and work is expected to start in the summer of 1961.

A wide variety of articles, including stools, scarves, rugs, toys, sectional garages, sheds, coal bunkers, table lamps and garden seats are produced for sale by the occupational therapy departments of both the State Institution and the State Mental Hospital. Exhibitions of the work done in these departments were held during the year at Carnwath and Biggar Agricultural Shows and at the Department of Health for Scotland's Flower Show at St. Andrew's House. The standard of workmanship is high and has been greatly admired by all who have seen the finished products. In addition to articles for sale the patients also make socks for use in the hospital and carry out all repairs to patients' footwear and clothing. Some patients are employed dismantling telephone equipment and collating paper. A large shed for the production of concrete work is being erected at the State Institution and it is expected that production will start at an early date.

During the year a greatly improved scheme was introduced for the payment of pocket money to the patients with incentive payments to those working in the occupational therapy departments and elsewhere. This has been much appreciated by the patients and has been of considerable benefit to their morale and general outlook.

The Chairman and Medical Commissioners of the Board have continued to make regular visits to Carstairs at least once a month for the purpose of interviewing the patients and, in particular, of assessing their suitability for liberation or absence on licence or for transfer to ordinary mental hospitals or mental deficiency institutions. They also interviewed a number of state mental patients in ordinary mental hospitals for the purpose of making recommendations for their possible conditional liberation. Altogether over 180 interviews were granted during the year under these arrangements. In addition to the monthly visits of the Chairman and Medical Commissioners, three meetings of the whole Board were held at Carstairs when they took the opportunity of inspecting and commenting on conditions.

During the years 1955-59 inclusive a total of 53 patients were released on licence from the State Institution and from 1st October, 1957 (when the State Mental Hospital was established) to the end of 1959 a total of 21 state mental patients were conditionally liberated. Of the total of 74 patients who were so released 31 have had to be recalled up to the end of 1960. On the other hand a number of the patients have subsequently earned their unconditional discharge. Having regard to the type of patients concerned, the Board consider that the proportion of successes is very satisfactory. They are of opinion that this is largely due to the careful selection of the patients for liberation in the first instance, to the arrangements made prior to their release for suitable employment and residence, and to the unremitting attention which is given to the patients by the Board's Welfare Officer after they leave hospital. The Board also feel that no small part is played by the people who voluntarily act as guardians of these patients and they wish to place on record their high appreciation of the services they render.

In conclusion, the Board wish to pay a very sincere tribute to the medical and nursing staff at Carstairs for the great skill, kindness and tact shown by them in treating and caring for the very difficult type of patients with whom they have to deal.

We are, Sir,

Your obedient servants,

J. JARDINE, *Chairman.*

J. A. LILLIE.

HUGH ROSE.

GARNET D. WILSON.

A. A. TEMPLETON.

H. B. CRAIGIE.

L. M. D. MILL.

E. J. C. HEWITT.

J. WILL, *Secretary,*

Edinburgh, 19th July, 1961.

APPENDIX—TABLE 1

NUMBER AND CLASSIFICATION OF PATIENTS ON REGISTER OF EACH MENTAL HOSPITAL ON 31ST DECEMBER, 1960

Name of Mental Hospital	Address	Name of Superintendent	Number of Certified Patients			Number of Voluntary Patients			Total Number of Patients
			M.	F.	T.	M.	F.	T.	
Aberdeen Royal .	Aberdeen .	Dr A. M. Wyllie .	313	387	700	85	162	247	947
Ailsa . . .	Ayr . . .	Dr H. J. Brawn Miller	158	153	311	125	159	284	595
Argyll and Bute .	Lochgilphead, Argyll	Dr I. MacCammond .	227	186	413	42	41	83	496
Bangour . . .	Broxburn, . W. Lothian	Dr A. K. M. Macrae .	355	434	789	175	169	344	1,133
Bellsdyke . . .	Larbert .	Dr A. P. Russell .	494	431	925	83	105	188	1,113
Bilbohall . . .	Elgin . . .	Dr P. Sykes . . .	80	80	160	18	13	31	191
Craig Dunain .	Inverness .	Dr M. M. Whittet .	360	302	662	188	222	410	1,072
Crichton Royal .	Dumfries .	Dr J. Harper . . .	60	100	160	441	556	997	1,157
Dingleton . . .	Melrose .	Dr G. M. Bell . . .	80	121	201	103	95	198	399
Dundee Royal .	Dundee .	Dr I. R. C. Batchelor	70	82	152	214	267	481	633
Dykebar . . .	Paisley .	Dr J. M. Rosie . . .	143	147	290	68	68	136	426
Gartloch . . .	Gartcosh, Glasgow	Dr J. W. Macpherson	341	354	695	52	62	114	809
Glasgow Royal .	Glasgow .	Dr A. MacNiven .	138	223	361	152	379	531	892
Hartwood . . .	Shotts, Lanarkshire	Dr T. Dymock . . .	719	554	1,273	134	173	307	1,580
Hawkhead . . .	Glasgow	Dr J. Milne . . .	466	369	835	158	176	334	1,169
Herdmanflat .	Haddington .	Dr A. B. Hegarty .	44	74	118	15	31	46	164
Kingseat . . .	Newmachar, Aberdeen- shire	Dr R. A. Y. Stewart .	299	296	595	88	76	164	759
Montrose Royal .	Montrose .	Dr J. C. Anderson .	253	266	519	114	148	262	781
Murray Royal .	Perth . . .	Dr J. McDougall .	29	36	65	83	99	182	247
Murthly . . .	Murthly, Perthshire	Dr J. McDougall .	135	150	285	76	104	180	465
Ravensraig . .	Greenock .	Dr R. H. Mitchell .	136	119	255	37	61	98	353
Riccartsbar . .	Paisley .	Dr D. Mackenzie .	111	130	241	29	51	80	321
Rosslynlee . .	Midlothian .	Dr A. B. Hegarty .	161	144	305	35	49	84	389
Royal Edinburgh .	Edinburgh .	Dr T. A. Munro .	193	309	502	205	252	457	959
Stoneyetts . .	Chryston, Glasgow	Dr J. Macleod . . .	160	109	269	37	17	54	323
Stratheden . .	Cupar, Fife .	Dr D. Ross . . .	399	420	819	116	128	244	1,063
Woodilee . . .	Lenzie, Glasgow	Dr W. A. Cramond .	414	432	846	140	154	294	1,140
East Fortune Hospital Mental Wards	Drem, East Lothian	Dr W. A. Murray .	22	—	22	7	—	7	29
Long Island Home Mental Wards	Lochmaddy .	Mr D. J. MacInnes .	10	13	23	5	2	7	30
Ravenspark Hospital Mental Wards	Irvine . . .	Mr A. Young . . .	42	35	77	2	2	4	81
Southern General Hospital Mental Wards	Glasgow .	Dr C. Mackay . . .	47	41	88	33	39	72	160
St. Andrew's Private Mental Hospital	Hawick .	Sister Mary Magdalen	—	2	2	—	40	40	42
State Mental Hospital	Carstairs Junction, Lanark- shire	Dr J. McL. Johnston .	122	7	129	—	—	—	129
		<i>Totals</i> .	6,581	6,506	13,087	3,060	3,900	6,960	20,047

APPENDIX—TABLE II

NUMBER OF ADMISSIONS, DISCHARGES, TRANSFERS AND DEATHS DURING 1960 FOR EACH MENTAL HOSPITAL

Name of Mental Hospital	CERTIFIED PATIENTS										VOLUNTARY PATIENTS							
	Admissions (including Transfers from other Mental Hospitals)		Discharges			Transfers			Deaths		Admissions		Left		Deaths			
			Recovered	Relieved	Not Improved		To other Mental Hospitals										To Private Dwellings	
					M.	F.	M.	F.									M.	F.
Aberdeen Royal	44	71	26	31	1	9	1	4	1	1	33	31	172	196	157	183	M.	F.
Ailsa	56	78	23	38	—	19	—	1	—	—	18	29	324	439	302	415	25	415
Argyll and Bute	15	15	3	3	—	2	—	—	—	—	14	12	55	66	46	51	6	51
Bangour	53	92	20	54	—	8	—	2	—	—	32	43	257	273	237	251	12	251
Bellsdyke	50	52	36	28	—	—	1	4	1	2	55	43	120	159	118	142	17	142
Bilbohall	11	18	4	7	—	10	—	1	—	—	3	9	36	54	24	43	2	43
Craig Dunain	39	25	30	13	—	7	—	—	—	—	17	12	480	450	425	364	36	364
Crichton Royal	16	21	3	5	—	15	—	2	—	—	8	13	522	569	481	529	34	529
Dingleton	18	15	29	9	—	1	—	—	—	—	22	23	118	191	82	169	20	169
Dundee Royal	30	36	7	6	3	125	3	1	—	—	13	9	315	423	209	300	11	300
Dykebar	17	28	10	17	—	2	—	—	—	—	12	17	63	67	37	63	5	63
Gartloch	78	89	39	35	2	3	2	2	—	—	33	45	110	77	103	64	7	64
Glasgow Royal	29	51	13	19	—	15	—	—	—	—	9	22	204	358	184	321	22	321
Hartwood	73	111	27	32	5	38	5	1	—	2	45	69	253	340	246	312	10	312
Hawkhead	96	119	39	63	4	74	4	—	—	—	57	50	277	294	205	198	17	198
Herdmanflat	26	14	—	6	1	2	1	—	—	—	6	16	31	48	33	38	7	38
Kingseat	37	105	27	65	—	2	—	2	—	—	19	40	167	198	153	195	4	195
Montrose Royal	14	28	7	7	—	8	—	1	—	—	6	17	63	69	36	53	13	53
Murray Royal	5	5	3	2	—	—	—	1	—	—	3	4	117	155	96	126	12	126
Murthly	4	11	1	1	—	7	—	—	—	—	7	8	43	63	31	44	14	44
Ravenscraig	20	29	11	17	1	4	1	—	—	—	9	11	58	101	48	93	5	93
Riccartsbar	22	34	4	13	—	9	—	1	—	—	5	12	41	82	39	75	2	75
Rosslynlee	16	19	2	—	—	14	—	—	—	—	14	13	68	101	59	94	6	94

Royal Edinburgh .	42	74	11	21	23	21	—	—	—	2	—	—	—	24	44	287	337	253	322	21	20	
Stoneyetts .	24	15	12	9	—	—	—	—	—	—	—	—	—	7	6	38	11	26	6	2	3	
Stratheden .	66	82	10	16	25	31	1	—	—	—	4	—	—	43	42	237	408	196	396	15	12	
Woodilee .	121	130	125	100	6	7	—	—	—	3	—	—	—	51	55	232	178	172	137	20	18	
East Fortune Hospital Mental Wards .	38	—	—	—	—	—	—	—	—	—	15	—	—	1	—	13	—	6	—	—	—	
Long Island Home Mental Wards .	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	1	3	—	1	—	
Ravenspark Hospital Mental Wards .	—	—	—	—	—	—	—	—	—	—	—	—	—	4	2	1	2	1	1	—	—	
Southern General Hospital Mental Wards .	—	—	—	—	—	1	—	—	—	—	—	—	—	3	3	17	21	1	6	15	13	
Woodcot Home Mental Wards .	—	—	—	—	9	6	—	—	—	6	4	—	—	—	—	—	—	—	—	—	—	
St. Andrew's Private Mental Hospital .	—	1	—	—	—	—	—	—	—	1	—	—	—	—	1	—	10	—	8	—	6	
State Mental Hospital .	15	1	6	1	—	—	—	—	—	1	9	—	—	1	—	—	—	—	—	—	—	
Totals .	1,077	1,369	528	618	340	440	19	17	36	132	92	40	3	8	574	701	4,721	5,741	4,009	4,999	372	508
Totals, male and female combined .	2,446		1,146		780		36			132			11		1,275	10,462	9,008		880			

APPENDIX—TABLE III

Number of Orders granted by the Sheriffs under Section 14 of the Lunacy (Scotland) Act, 1862, for the Admission of Certified Patients to Mental Hospitals and the Names and Addresses of the Mental Hospitals to which the Orders were sent

Sheriffdom	Name and Address of Mental Hospital		No. of Orders	Total
Aberdeen, Kincardine & Banff	Aberdeen Royal Mental Hospital	Aberdeen	102	243
	Bilbohall Mental Hospital	Elgin	5	
	Kingseat Mental Hospital	Newmachar, Aberdeenshire	135	
	Montrose Royal Mental Hospital	Montrose	1	
Ayr & Bute	Ailsa Mental Hospital	Ayr	125	134
	Argyll and Bute Mental Hospital	Lochgilphead, Argyll	4	
	Ravenscraig Mental Hospital	Greenock	4	
	Riccartsbar Mental Hospital	Paisley	1	
Caithness, Sutherland, Orkney & Zetland	Aberdeen Royal Mental Hospital	Aberdeen	2	10
	Craig Dunain Mental Hospital	Inverness	4	
	Kingseat Mental Hospital	Newmachar, Aberdeenshire	4	
Dumfries & Galloway	Crichton Royal Mental Hospital	Dumfries	29	29
Fife & Kinross	Stratheden Mental Hospital	Cupar, Fife	144	144
Inverness, Moray, Nairn and Ross & Cromarty	Bilbohall Mental Hospital	Elgin	18	66
	Craig Dunain Mental Hospital	Inverness	47	
	Long Island Home Mental Wards	Lochmaddy, North Uist	1	
Lanark	Ailsa Mental Hospital	Ayr	2	911
	Bellsdyke Mental Hospital	Larbert	8	
	Crichton Royal Mental Hospital	Dumfries	2	
	Dykebar Mental Hospital	Paisley	7	
	Gartloch Mental Hospital	Gartcosh, Glasgow	160	
	Glasgow Royal Mental Hospital	Glasgow	61	
	Hartwood Mental Hospital	Shotts, Lanarkshire	180	
	Hawkhead Mental Hospital	Glasgow	207	
	Ravenscraig Mental Hospital	Greenock	1	
	Riccartsbar Mental Hospital	Paisley	2	
	Stoneyetts Mental Hospital	Chryston, Glasgow	37	
Perth & Angus	Woodilee Mental Hospital	Lenzie, Glasgow	244	
	Dundee Royal Mental Hospital	Dundee	62	115
	Montrose Royal Mental Hospital	Montrose	33	
	Murray Royal Mental Hospital	Perth	11	
	Murthly Mental Hospital	Murthly, Perthshire	9	

APPENDIX—TABLE III—*Continued*

Sheriffdom	Name and Address of Mental Hospital		No. of Orders	Total
Renfrew & Argyll	Argyll and Bute Mental Hospital	Lochgilphead, Argyll	20	126
	Bellsdyke Mental Hospital	Larbert	1	
	Dykebar Mental Hospital	Paisley	68	
	Glasgow Royal Mental Hospital	Glasgow	1	
	Hawkhead Mental Hospital	Glasgow	3	
	Ravensraig Mental Hospital	Greenock	18	
	Riccartsbar Mental Hospital	Paisley	14	
	Stratheden Mental Hospital	Cupar, Fife	1	
Roxburgh, Berwick & Selkirk	Dingleton Mental Hospital	Melrose	27	30
	Herdmanflat Mental Hospital	Haddington	1	
	Royal Edinburgh Hospital for Mental Disorders	Edinburgh	1	
	St. Andrew's Private Mental Hospital	Hawick	1	
Stirling, Dunbarton & Clackmannan	Argyll and Bute Mental Hospital	Lochgilphead, Argyll	2	107
	Bellsdyke Mental Hospital	Larbert	88	
	Gartloch Mental Hospital	Gartcosh, Glasgow	2	
	Glasgow Royal Mental Hospital	Glasgow	7	
	Hartwood Mental Hospital	Shotts, Lanarkshire	2	
	Ravensraig Mental Hospital	Greenock	1	
	Woodilee Mental Hospital	Lenzie, Glasgow	5	
The Lothians and Peebles	Bangour Mental Hospital	Broxburn, West Lothian	141	316
	Dingleton Mental Hospital	Melrose	4	
	Hartwood Mental Hospital	Shotts, Lanarkshire	1	
	Herdmanflat Mental Hospital	Haddington	20	
	Rosslynlee Mental Hospital	Roslin, Midlothian	34	
	Royal Edinburgh Hospital for Mental Disorders	Edinburgh	115	
	Woodilee Mental Hospital	Lenzie, Glasgow	1	
		<i>Total</i>		2,231

APPENDIX—TABLE IV
NUMBER OF CERTIFIED DEFECTIVES ON REGISTER OF EACH MENTAL DEFICIENCY INSTITUTION ON 31ST DECEMBER, 1960,
AND THE NUMBER OF ADMISSIONS, DISCHARGES, TRANSFERS AND DEATHS DURING 1960

Name of Institution	Address	Name of Superintendent	Number of Certified Defectives on Register of Institution			Admissions*			DISCHARGES						Transfers to other Institutions			Deaths			
									From provisions of Mental Deficiency (Scotland) Acts			To Guardianship			To Mental Hospitals						
												M.	F.	T.	M.	F.	T.				M.
Birkwood . . .	Lesmahagow, Lanarkshire	Dr J. S. Dawson .	M. 175	F. 132	T. 307	M. 15	F. 11	T. 26	M. 1	F. 1	T. 2	M. 1	F. —	T. —	M. 2	F. 1	T. 3	M. 1	F. 2	T. 3	
Broadfield . . .	Port Glasgow .	Miss M. D. Morrison	71	88	159	4	5	9	—	1	1	—	—	—	—	—	—	—	2	1	3
Caldwell House . . .	Uplawmoor, Renfrewshire	Miss M. Young .	56	53	109	2	4	6	2	—	2	—	—	—	14	5	19	1	—	1	
Dunlop House . . .	Dunlop, Ayrshire .	Mrs. M. Simmons .	32	37	69	1	—	1	—	—	—	—	—	—	—	—	—	2	—	2	
East Fortune . . .	Drem, East Lothian	Dr W. A. Murray .	49	2	51	21	—	21	—	—	—	—	—	—	1	—	1	—	—	—	
Glenlomond . . .	Glenlomond, by Kinross	Dr A. Cubie . . .	8	21	29	4	21	25	—	2	2	—	—	—	—	—	—	—	2	2	
Gogarburn . . .	Edinburgh . . .	Dr R. Bailey . . .	388	285	673	24	19	43	9	1	10	—	—	—	21	11	32	2	7	9	
Kirklands . . .	Bothwell, Lanarkshire	Dr J. S. Dawson .	124	108	232	3	2	5	—	—	—	3	—	—	—	1	1	—	—	—	
Ladysbridge . . .	Banff . . .	Dr P. Sykes . . .	106	95	201	3	2	5	1	4	5	—	—	—	1	1	2	4	3	7	
Lennox Castle . . .	Lennoxtown, Stirlingshire	Dr R. C. MacGillivray	819	682	1,501	83	35	118	17	12	29	2	—	—	6	1	7	13	20	33	
Ravenspark . . .	Irvine, Ayrshire .	Mr A. Young . . .	34	—	34	6	—	6	—	—	—	—	—	1	—	—	—	1	—	1	
Royal Scottish National	Larbert, Stirlingshire	Dr J. Methven . .	634	373	1,007	43	13	56	18	2	20	2	1	2	6	1	7	3	—	3	
Strathmartine . . .	by Dundee . . .	Dr M. M. Macrae .	265	209	474	5	5	10	1	2	3	—	—	—	—	1	1	—	1	1	
Strathore . . .	Thornton, Fife . .	Dr D. Ross . . .	37	35	72	—	—	—	1	—	1	—	—	—	4	12	16	—	1	1	
Waverley Park . . .	Kirkintilloch, Dunbarton	Miss E. J. Barclay .	—	138	138	—	11	11	—	9	9	—	—	—	—	4	4	—	2	2	
Windsor Home . . .	Falkirk, Stirlingshire	Miss C. M. Mac-Andrew	—	79	79	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	
Woodhill House . . .	Westburn Road, Aberdeen	Dr J. G. Henderson .	8	13	21	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	
Woodlands . . .	Cults, Aberdeenshire	Dr J. G. Henderson .	20	16	36	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	
St. Aidan's Certified	Gattonside, Melrose, Roxburghshire	Bro. Jas. Hughes .	86	—	86	2	—	2	2	—	2	—	—	—	3	—	3	—	—	—	
St. Charles' Certified	Carstairs Junction, Lanarkshire	Sister Dolorosa Gardiner	71	79	150	14	11	25	9	2	11	2	1	3	1	—	1	1	—	1	
St. Joseph's Certified	Rosewell, Midlothian	Sister Mary Lydiate .	122	153	275	—	—	—	2	—	2	1	—	1	—	—	—	1	2	3	
St. Mary's (Barrhead) Certified	Barrhead, Renfrewshire	Sister Cecily Ford .	—	72	72	—	4	4	—	1	1	—	—	—	—	4	4	—	—	—	
St. Mary's (Galashiels) Certified	Galashiels, Selkirkshire	Sister Mary Gabriel .	—	80	80	—	3	3	—	3	3	—	—	—	—	1	1	—	—	—	
State Institution for Defectives	Carstairs Junction, Lanarkshire	Dr J. McL. Johnston	192	3	195	24	2	26	3	—	3	—	—	—	10	—	10	1	—	1	

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